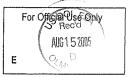
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Through: 12/31/04

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8388

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name James W. Banford, Jr.	Name Boilermakers Local #13
	Labor Organization File Number 027398
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1255 Welsh Road	Street 2300 New Falls Road
City Warrington	City Newportville
State PA ZIP Code + 4 18976	State PA ZIP Code + 4 19056
5. Position in labor organization. Business Manager/Secretary Treasurer	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Aycock, Inc.	June, 2004, Co-Generation Golf
Trade Name, if any:	Outing - socialize and discuss issues pertaining to coal fired electrical power.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 8261 Old Derry Road	
City Hummelstown	\$90.00
State PA ZIP Code + 4 17036	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed James W. Langle	on 8/3/05 215-343-7994
	Date Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
E	
1. File Number U -	2. Fiscal Year Covered From:
· · · · · · · · · · · · · · · · · · ·	Through:
	Variation American Am
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
1.0. Don, Diag., (Contribut, it ally	F.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
With reason to the second seco	Citato Zir Code + 4
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Emcor Services/Hayes Mechanica	October, 2004, Triparte Meeting. Owners, contractors and union meet
Trade Name, if any:	to discuss and solve problems and
The state of the s	concerns in industry.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 2160 North Ashland Avenue	
City Chicago	\$90.00
State IL ZIP Code + 4 60614	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed from W. Ball L.	on 8/3/05 215-343-7994
- Williams	Date Telephone Number
Form LM\00 (2003)	